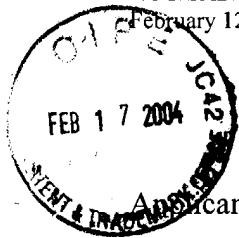


\$ AL
1654



NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicants: Stacey J. Bell and Judith Shabert

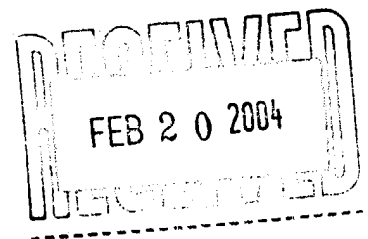
Serial No.: 09/815,566 Group: 1654

Filed: March 23, 2001 Examiner: Teller, R. R.

Confirmation No.: 6492

For: NUTRITIONAL SUPPLEMENT TO ALLEVIATE SYMPTOMS
ASSOCIATED WITH REDUCED LEVELS OF SEROTONIN

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
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Date	Signature
Beverly Weinberger	
Typed or printed name of person signing certificate	



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P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

02/18/2004 SZEWDIE1 00000117 09815566

01 FC:2401
02 FC:2253

165.00 DP
475.00 DP

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated August 12, 2003 of the Examiner finally rejecting claims 14 and 19-41. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated August 12, 2003 for three months from November 12, 2003 to February 12, 2004.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three month(s)		\$ 475
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([] mo.)	\$ _____
	Less fee paid	([] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 165
<input type="checkbox"/>	Other _____		\$ _____
	TOTAL		\$ 640

5. The method of payment for the total fees is as follows:

☒ A check in the amount of \$640 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By

Sandra A. Brockman-Lee
Sandra A. Brockman-Lee

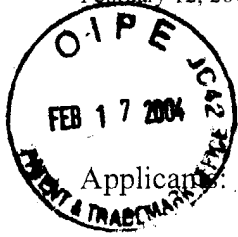
Registration No.: 44,045

Telephone: (978) 341-0036

Facsimile: (978) 341-0136

Concord, MA 01742-9133

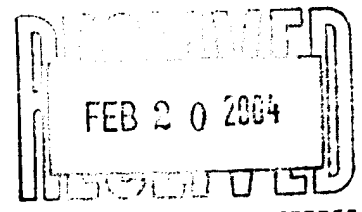
Date: 2/12/04



NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant: Stacey J. Bell and Judith Shabert
Serial No.: 09/815,566 Group: 1654
Filed: March 23, 2001 Examiner: Teller, R. R.
Confirmation No.: 6492
For: NUTRITIONAL SUPPLEMENT TO ALLEVIATE SYMPTOMS
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February 12, 2004	Beverly Weinberger
Date	Signature
Beverly Weinberger	
Typed or printed name of person signing certificate	



Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

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☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three month(s)	\$	475
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([] mo.)	\$	
	Less fee paid ([] mo.)	- \$	
	Balance of fee due	\$	0
<input checked="" type="checkbox"/>	Notice of Appeal	\$	165
<input type="checkbox"/>	Other	\$	
		TOTAL	\$ 640

5. The method of payment for the total fees is as follows:

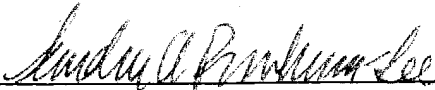
- ☒ A check in the amount of \$640 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By



Sandra A. Brockman-Lee

Registration No.: 44,045

Telephone: (978) 341-0036

Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: 2/12/04

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for a Three Month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three months Extension of Time	\$	<u>475.00</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Notice of Appeal	\$	<u>165.00</u>
	_____	\$	_____
	TOTAL:	\$	<u>640.00</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By *Sandra A. Brockman-Lee*
Sandra A. Brockman-Lee
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Telephone (978) 341-0036
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Concord, Massachusetts 01742-9133

Dated: 2/12/04